STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 12405

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

1. PLACE OF DEATH
a. COUNTY: Gregg County
b. CITY OR TOWN (If outside city limits, give precinct no.): Gladewater
c. LENGTH OF STAY in this place: 1 Day
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Gladewater Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Dallas
c. CITY OR TOWN (If outside city limits, give precinct no.): Duncanville
d. STREET ADDRESS (If rural, give location): 502 Falling Leaves
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (Type or print): (a) First: Nelle (b) Middle: Christine (c) Last: Marcades
4. DATE OF DEATH: September 4, 1965
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: October 14, 1923
9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas J. Youngblood
14. MOTHER'S MAIDEN NAME: Minnie B. Stroud
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Elmer T. Youngblood
Thomas J. Youngblood GREG.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Traumatic Head wound with Subdural & subarachnoid & Petechial Hemorrhage to
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): the brain caused by being struck by auto. — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
Deceased was lying in the highway and her head was struck by auto.
20c. TIME OF INJURY: Hour 2:00 [X] a.m. [ ] p.m. — Month: 9 — Day: 4 — Year: 65
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): Highway
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE: Big Sandy, Upshur, Texas

21. I hereby certify that I attended the deceased from D. O. A. 19__ to D. O. A. 19__ and last saw the deceased alive on D. O. A. 19__. Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Ted McKay Coroner
22b. ADDRESS: Gladewater, Texas
22c. DATE SIGNED: 9/11/65

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: September 6, 1965
23c. NAME OF CEMETERY OR CREMATORY: Wheatland Cemetery
23d. LOCATION (City, town, or county) — (State): Dallas — Texas
24. FUNERAL DIRECTOR'S SIGNATURE: Rogers Funeral Chapel by Rex F. Rogers
25a. REGISTRAR'S FILE NO.
25b. DATE FILED BY LOCAL REGISTRAR: 9-14-65
25c. REGISTRAR'S SIGNATURE: T. D. McAfee

The State of Texas }
County of Gregg }

I, B. M. "BUCK" BIRDSONG, County Clerk, Gregg County, Texas, hereby certify that the above and foregoing is a true and correct copy of original, as same appears filed for record in this office within and foregoing matter of writing constitutes a full, true

Witness my hand and seal of office, at Longview, Texas, this the 13 day of April A. D. 19 67

B. M. "BUCK" BIRDSONG, County Clerk
GREGG COUNTY, TEXAS
By Helen Brashear Deputy

STATE OF TEXAS 072-03-2 051-13 CERTIFICATE OF DEATH E-8124 47 STATE FILE NO. 56985

1. PLACE OF DEATH
a. COUNTY: Cregg County
b. CITY OR TOWN (If outside city limits, give precinct no.): Gladewater
c. LENGTH OF STAY in this place: 1 Day
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: Gladewater Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Dallas
c. CITY OR TOWN (If outside city limits, give precinct no.): Duncanville
d. STREET ADDRESS (If rural, give location): 502 Falling Leaves
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): (a) First: Nelba (b) Middle: Christine (c) Last: Narcades
4. DATE OF DEATH: September 4, 1965
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]
8. DATE OF BIRTH: October 14, 1923
9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Thomas J. Youngblood
14. MOTHER'S MAIDEN NAME: Minnie B. Stroud
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Thomas T. Youngblood Thomas J. Youngblood by P.F.R.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
(a) Traumatic Head wound with Subdural & subarachnoid & Petechial Hemorrhage to
(b) the brain caused by being struck by auto.
(c)
INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.

TEXAS DEPARTMENT OF HEALTH
REC'D OCT 11 1965
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH
REC'D OCT 21 1965
BUREAU OF VITAL STATISTICS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature and circumstances): Deceased was lying on the highway and her head was struck by auto.
20c. TIME OF INJURY: Hour 2:00 a.m. xxx Month 9 Day 4 Year 65
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): Highway
20f. CITY, TOWN, OR LOCATION: Big Sandy, COUNTY: Upshur, STATE: Texas

21. I hereby certify that I attended the deceased from D. O. A. 19__ to D. O. A. 19__ and last saw the deceased alive D. O. A. 19__. Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Ross DeLay Coroner
22b. ADDRESS: Gladewater, Texas
22c. DATE SIGNED: 9/11/65

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Septenber 6, 1965
23c. NAME OF CEMETERY OR CREMATORY: Wheatland Cemetery
LOCATION (City, town, or county): Dallas (State): Texas
24. FUNERAL DIRECTOR'S SIGNATURE: Rogers Funeral Chapel by Ray F. Rogers

REGISTRAR'S FILE NO.:
25b. DATE REC'D BY LOCAL REGISTRAR: 9-14-65
25c. REGISTRAR'S SIGNATURE: [illegible]